2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 725321

FILED Mar 04, 2009 Secretary of State

Entity Name: ST. PETERSBURG COLLEGE ALUMNI ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

14025 58TH STREET N 6021 142ND AVE N

US CLEARWATER, FL 33760 CLEARWATER, FL 33760 US

Current Mailing Address: New Mailing Address:

P.O. BOX 13489 P.O. BOX 13489

INSTITUTIONAL ADVANCEMENT ST. PETERSBURG, FL 33733 US

ST. PETERSBURG, FL 33733

FEI Number: 23-7363905 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MCKENZIE III, SYDNEY H 13805 58TH ST N

US CLEARWATER, FL 33760

OFFICERS AND DIRECTORS:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Date

Electronic Signature of Registered Agent

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete

KRUEGER BROCK, LAURA PICCIONE, MICHELLE Name: Name: 12275 106 AVENUE NORTH Address: 800 SHORE DRIVE E Address: City-St-Zip: SEMINOLE, FL 33778 City-St-Zip: OLDSMAR, FL 34677

Title: () Delete Title: (X) Change () Addition

HELMS, JANES E Name: HELMS, JANE E Name:

Address: 1918 WESTLEY STREET Address: 1918 WESTLEY STREET City-St-Zip: SAFETY HARBOR, FL 34695 City-St-Zip: SAFETY HARBOR, FL 34695

Title: () Delete Title: () Change () Addition

CREVELING, HAZEL Name: Name: 6551 15TH AVENUE NORTH Address: Address: City-St-Zip: ST. PETE, FL 33710 City-St-Zip:

() Delete Title: Title: (X) Change () Addition

Name: MEGALOUDIS, GARY Name: BROWN, JOHN 342 CROSSWINDS DRIVE 439 JACKSON STREET Address: Address: DUNEDIN, FL 34698 City-St-Zip: PALM HARBOR, FL 34684 City-St-Zip:

Title: () Delete Title: () Change () Addition

BURKES, KENNETH P Name: Name: 14428 TANGLEWOOD DRIVE Address: Address: City-St-Zip: LARGO, FL 33774 City-St-Zip:

Title: () Delete Title: (X) Change () Addition

MACK, PSALMS CAFFERY, BETHIA Name: Name: Address: 1019 JUNGLE AVENUE NO. Address: 1001 MOHAWK STREET ST. PETE, FL 33710 CLEARWATER, FL 34675 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHELLE PICCIONE Ρ 03/04/2009